T734-10- Declaration and POA.doc



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APPLN NUMBER UNKNOWN	FILING DAT		FIRST NA ELDER	MED INVENTOR	ATTY. DKT. NO. T733-10			
TITLE GROUPING ADVE					ART UNIT UNKNOWN	EXAMINER UNKNOWN		
	DECLA	ARATION	AND PO	OWER OF ATT	ORNEY	<u> </u>		
□ Declaration Substitute     □ Decla	mitted with	Initial Filing,	or	Declaratio	n Submitted aft	er Initial Filing		
As a below named in	ventor, I he	reby declare	that:					
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the ori joint inventor (if plun patent is sought on the	al names a	re listed be						
GROUPING ADVERTISEMENT SUBAVAILS								
the specification of w  is attached h  was filed on	ereto, or	Υ)	as Unite	d States Applicati	on Number or	PCT International		
Application N	lumber	and wa	is amende	ed on (DD/MM/YYYY)	(if ap	olicable).		
I hereby state that I including the claims,						tified specification,		
I acknowledge the du of Federal Regulation	•	se information	on which i	s material to paten	tability as define	ed in Title 37 Code		
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)		Country	·	Foreign Filing Date (DD/MM/YYYY)	Priority Not Claimed	Copy Attached? YES NO		
Additional foreign	application	numbers a	re listed o	n a supplemental p	priority sheet at	ached hereto.		
I hereby claim the bapplication(s) listed b		r Title 35, l	Jnited Sta	ates Code §119(e)	of any United	States provisional		
Application Number	er(s)	Filing Dat	te (DD/MM/\	(YYY)	•			

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Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.



I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application Number	Parent Filing Date (DD/MM/YYYY)	Parent Patent Numbe (if applicable)		
	дрикацон Кольве	Application Number (DD/MM/1111)		

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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Additional attorney(s) and/or agent(s) are listed on a supplemental sheet attached hereto.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Additional inventors are being named on supplemental sheet(s) attached hereto.

## SUPPLEMENTAL SHEET TO DECLARATION AND POWER OF ATTORNEY

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Signature: Residence: Post Office Address: Citizenship:				Date:			
Full Name of Additiona	I Joint Inventor:				<u></u>	<del>-</del> , , ,	
Signature: Residence: Post Office Address: Citizenship:	ure: Date:						
Additional Foreign Appl  Prior Foreign Application Number(s)			Foreign Filing I	Date Prior	rity Not	Copy Att	ached?
Additional Provisional A	pplication Number	(s):					
Additional Provisional A		(s): g Date (DD/MI	M/YYYY)				
Application Number	s) Filin	g Date (DD/MI					
Application Number	s) Filin	g Date (DD/MI	M/YYYY)  Parent Filir (DD/MM/)	•		nt Patent Nu if applicable	